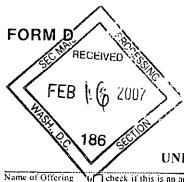
1391191



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

-		
	07044762	
1	t*Cerra	

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXE.	MPTION DATE RECEIVED
Name of Offering 6 check if this is an amendment and name has changed, and indicate change.) Mebership Interest Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4 Type of Filing New Filing Amendment	4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer [] check if this is an amendment and name has changed, and indicate change.) WG Companies, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code 11128 Industrial Road, Manassas, Virginia 20109	Telephone Number (Including Area Code) 703-690-3889
Address of Principal Business Operations (Number and Street, City, State, Zip Code (if different from Executive Offices)	c) Tetephone Number (Including Area Code)
Brief Description of Business Holding company for construction and contracting services business. Type of Business Organization	PROCESSED
Corporation Innited partnership, already formed other	r (please specify). FEB 2 7 2007
Actual or Estimated Date of Incorporation or Organization: 111 06 Z Actual Esturisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for St CN for Canada; FN for other foreign jurisdiction)	stimated THOMSON Late FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C 774(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-- ATTENTION ---

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASI	C IDENT	IFICATION DATA					
2. Enter the information r	equested for the fo		102.11						
	•	-	zed within	the most fine cones					
	 Fach promoter of the issuer. (If the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. 								
				orate general and ma					
		partnership issuer-		with general and ma	ma <u>z</u> mi	g partners to	i baiti	ersorp issuers; and	
								+	
Check Box(es) that Apply:	Promoter	Beneficial O	uner 🔽] Executive Officer	Z	Director		General and/or Managing Partner	
Full Name (Last name first. Forster, Peter John	if individual)								
Business or Residence Addre 13000 Dunhill Drive, Fail			Zip Code)	,,,,					
Check Box(es) that Apply:	Promoter	Beneficial Ov	wner Z	Executive Officer	Ø	Director		General and/or Managing Partner	
Full Name (Last name first,	f individual)								
Burgess, Richard, A, III									
Business or Residence Addre	ss (Number and	Street, City, State, 2	(ip Code)						
11128 Industrial Road, M	anassas, Virginia	20109							
Check Box(es) that Apply:	Promoter	Beneficial Ov	vner [Executive Officer	Z	Director		General and/or Managing Partner	
Full Name (Last name first, i Wolinsky, Joseph	f individual)	V				•			
Business or Residence Addre	ss (Number and	Street, Crty, State, 7	ip Code)	·, ·				T	
6001 Montrose Road, Su	te 800, Rockville	e, Maryland 20852	2						
Check Box(cs) that Apply:	Promoter	Beneficial Ov	net 🗌	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, i	f individual)								
Wolinsky, Carole									
Business or Residence Addre				***************************************					
6001 Montrose Road, St	ite 800, Rockvill	e, Maryland 2085	2						
Check Box(es) that Apply:	Promoter	Beneficial Ov	vner 📗	Executive Officer	Z	Director		General and/or Managing Partner	
Full Name (Last name first, i Johnson, Cleve	f individual)								
Business or Residence Addre 2 Bethesda Metro Center	_		ip Code)						
Clieck Box(es) that Apply:	Promoter	Beneficial Ow	ner 🗍	Executive Officer	Ø	Director		General and/or Managing Partner	
Full Name (Last name first, it Forster, Peter	f individual)					 -	<u>-</u>		
Business or Residence Addres 5291 Partridge Lane, N.V		Street, City, State, Z D.C. 20016	ip Code)			74.1		<u> </u>	
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🗌	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if Forster Limited Partnersh									
Business or Residence Address 291 Partridge Lane, N.W.		Street, City, State, Z C. 20016	ip Codes						
(List continues	On DOVE blan	k sheet or copy and	use additi	onal copies of this sl	icet. as	necessary	,		
, concinges	on next p	age 2)	2 o						

(Continuation of previous page 2)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years: Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Boxtes) that Apply General and/or Managing Partner Full Name (Last name first, if individual) March, Frank Business or Residence Address (Number and Street, City, State, Zip Code) 112 Chesterfield Place, S.W., Loosburg, Virginia 20715 Check Box(es) that Apply: Promoter 💆 Beneficial Owner 📋 Executive Officer 📋 Director General and/or Managing Partner Full Name (Last name first, if individual) Johnson Family Holdings, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2 Bethesda Metro Center, Bethesda, Maryland 20814 Check Boxfes) that Apply: Dromoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Lust name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Lust name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Managing Partner Fall Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

		·			B. 1	NFORMATI	ON ABOU	T OFFERI	NG				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.						Yes [No ⊠					
2.	·							5 10.I	00.00				
,	Day or the	e a Citada e		[5]		1						Yes	No
3. 4.			permit joint ion request		-						irectly, any	ĸ	
	commis If a pers or states	sion or simi on to be list i. list the na	ilar remune ted is an ass	ration for s sociated pe roket or de	olicitation rson or age aler. If mo	of purchase nt of a brok ire than five	ers in conne er or deale. : (5) person	ection with r registered is to be fist	sales of sec I with the S ed are asso	curities in t EC and/or	he offering, with a state ons of such		
Ful	l Name (Last name	first, if indi	ividual)	" 								
Bu	siness or	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)				·		
Nai	ne of Ass	ociated Br	oker or Des	aler									
Sta	tes in WT	iich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				***************************************		~
	(Check	"All States	" or check	individual	States)		•••••••••••••••••••••••••••••••••••••••		***************************************		************		l States
	AL II. MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)	·····								
Bu	siness or	Residence	Address (1	Vumber an	d Street, C	ity, State.	Cip Codes					-	
Nai	me of Ass	sociated Br	oker or De	aler							~~		
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		······································				
	(Check	"All States	" or check	individual	States)			***********	************	***************************************		☐ A1	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ĺul	l Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity. State, 2	Zip Code)	·····					
Na Na	Name of Associated Broker or Dealer												
	Name of Associated Broker of Freater												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check "All States" or check individual States)							1 States					
	AL II. MT RI	AK IN NE ISC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity	S	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	5	\$
	Partnership Interests	5	s
	Other (Specify membership interest)	1,500,000.00	\$ 1,500,000.00
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 1,500,000.00
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		S_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		S
	Legal Fees		5 ,000.00
	Accounting Fees	-	
	Engineering Fees	لبيا	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total	· □	c 5.000.00

	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	······································
	 Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Qu proceeds to the issuer." 	uestion 4.a. This difference is the "adjusted proces		s1,495,000.00
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any pelicek the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and to payments listed must equal the adjusted gross		
			Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate		\$	∑ \$ 293,250.00
	Purchase, rental or leasing and installation of machin	nery		
	and equipment	•:		S
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets	of securities involved in this or securities of another	_	
	issuer pursuant to a merger)] \$	S 1,201,750.00
	Repayment of indebtedness			
	Working capital		 \$	[] S
] \$	
	Column Totals		¬s 0.00	
	Total Payments Listed (column totals added)			495,000.00
	Edition of the state of the sta	D. FEDERAL SIGNATURE	· ·	
the	issuer has duly caused this notice to be signed by the un nature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-accred	sh to the U.S. Securities and Exchange Commis	sion, upon writte	le 505, the following n request of its staff,
			Date	
	6 Companies, LLC	20 11 1/11 1/1	February 9, 200	7
		itle of Signer (Irint or Type)		
ret-	er John Forster C	Chief Executive Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)